

(for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		76029	1/13/01
RESPONSE FORMALITY REVIEW		76029	5/3/07

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral) ..	Canceled	A	Appeal
.....	Restricted	O	Objected

[illegible]

Claim	Date
Final Original	
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Claim	Date
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**If more than 150 claims or 10 actions
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Best Available Copy